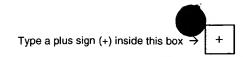




DECLARATION FO	Attorney Docket Nun	nber	7404-318								
DESIGN PATENT A (37 CFR 1	First Named Inventor	r	Edward P. Perez								
(07 0111 )	1.00)		COMPLETE IF KNOWN								
Declaration	Declaration	Application Number									
Submitted	Submitted after	Filing Date									
	Initial Filing (surcharge 37 CFR		Group Art Unit								
1.16 (e) required) Examiner Name											
As a below named inventor, I hereby declare that:											
My residence, post office addres	ss, and citizenship are	as stated below next to my n	iame.								
	I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
LANCET DEVICE HAVIN	NG CAPILLARY ACT	TON									
End:											
	(	(Title of the Invention)									
the specification of which											
is attached hereto					7						
is attached hereto	OR 🗌	was filed on (MM/DD/YYYY	<u> </u>		as United States						
is ditabled notes											
Application Number	and v	was amended on (MM/DD/Y)	YYY)		(if applicable).						
# 	ved and understand the d to above.	contents of the above-identif	fied spe	cification, including	g the claim, as amended by any						
Lacknowledge and hereby discler	lose information which i	is material to patentability as	defined	in 37 CFR 1.56.							
Thereby claim foreign priority be 365(a) of any PCT international have also identified below, by chapplication having a filing date be	I application which design shecking the box, any for	gnated at least one country of preign application for patent or	other than or invento	in the United States							
Prior Foreign Application		Foreign Filing Date	Check C	Only If Priority	Certified Copy Attached?						
Number(s)	Country	(MM/DD/YYYY)	Not	t Claimed	YES NO						
· -		·	;*								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(s)	Fi	Filing Date (MM/DD/YYYY)									
60/263,533		O1/22/2002  Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									



		DECL	ARATI	<u> </u>	<u>– Util</u>	ity o	r De	sign	Pate	ent A	Application	<u> </u>	
Untied States of States or PCT Ir which is materia PCT internation	America, I nternationa I to patenta al filing dat	listed below, and il application in t ability as defined e of this applica	d insofar the manned in 37 CF tion.	as the s er provi	subject rided by	matter the firs becam	of each it parag e availa	of the raph o able be	claims f 35 U.S tween	of this S.C. 1	ng date of the pric	t disclosed in t the duty to di or application a	he prior United sclose information nd the national or
U.S. Parent Application or PCT Parent Filing Date Parent Patent Number (MM/DD/YYYY) (if applicable)													
Addit	ional U.S.	or PCT internati	onal appl	ication	number	s are li	isted or	a sup	plemer	ntal pri	ority data sheet P	TO/SB/02B at	ached hereto.
	entor, I he	reby appoint the									-		in the Patent and
už:	Customer Number  Place Customer Number Bar Code								Bar Code				
		$\boxtimes$		Regi	istered	practio	ner(s) ı	name/r	egistra	tion nu	ımber listed belov	<i>I</i> .	
## ## ##	Name		Regi	stration	n Numb	er	<u> </u>		N	lame		Registrati	on Number
Thomas Q. Hen	ry		28,309										
N		<u>.</u>					<u> </u>				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Addit	tional regis	tered practioner	(s) name	d on su	ıppleme	ntal Re	egistere	d Prac	tioner I	nform	ation sheet PTO/S	SB/02C attach	ed hereto.
Direct all corres	oondence t		Customer Bar Code		er				OR	$\boxtimes$	Corresponden	ce address be	elow
Name	Woodar	d, Emhardt, N	aughton	, Moria	arty & N	<b>McNet</b>	t						
Address	111 Mon	ument Circle, S	uite 3700										
Address									_			T	T
City	Indianap	olis							Stat	te	IN	ZIP	46204
Country	US	<del></del>			hone		(317)					Fax	(317) 637-7525
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor.													
Given Name (first and middle [if any])  Family Name or Surname													
Edward P. Perez													
Inventor's Signa	Inventor's Signature Date												
Residence: City	City Menlo Park State California Country United States Citizenship United States												
Post Office Address 799 Berkeley Street, Apartment H													
Post Office Address													
City Menlo Park State California ZIP 94025 Country United States													
Additio	nal invent	ors are being r	ame on	the <u>1</u>	s	uppler	mental	Additi	ional In	vento	or(s) sheet(s) PTC	D/SB/02A atta	ched hereto.

Sieven Name (first and middle (if anyl))  Family Name or Sumame  Residence: City  San Mateo  State  California  Country  United States  Cittzenship  United States  Country  United States  Co	Name of Joint Inventor, if	if any:  A petition has been filed for this unsigned inventor.										
Inventor's Signature Residence: City San Mateo State California Country United States Citizanship United States  Post Office Address  Forty San Mateo State California ZIP 94403 Country United States	Given Name (first and middle [if any])  Family Name or Surname											
Residence: City San Mateo State California Country United States Citizenship United States  Post Office Address    City   San Mateo   State   California   ZIP   94403   Country   United States   Count	Steven N.					Roe						
Post Office Address	Inventor's Signature	Date										
A petition has been filed for this unsigned inventor.  Given Name (first and middle [if any])  Family Name or Surname  City  Post Office Address  City  State  City  State  Country  Citizenship  Post Office Address  City  State  Country  A petition has been filed for this unsigned inventor.  Family Name or Surname  Citizenship  Citizenship  Family Name or Surname  Citizenship  Family Name or Surname  Citizenship  Citizenship  Family Name or Surname  Citizenship  Country  A petition has been filed for this unsigned inventor.  Family Name or Surname  City  Name of Joint Inventor, if any:  Given Name (first and middle [if any))  Family Name or Surname  City  Country  A petition has been filed for this unsigned inventor.  Family Name or Surname  Citizenship  Post Office Address  Post Office Address	Residence: City	San Mateo State California Country United States Citizenship United States							United States			
San Mateo   State   California   ZIP   94403   Country   United States	Post Office Address	21 Hillbarn Court										
Name of Joint Inventor, If any:   A petition has been filed for this unsigned inventor.	Post Office Address											
Given Name (first and middle [if any])  Family Name or Surname    Past Office Address	÷	San Mateo	State	Califo	rnia	ZIP	9	4403		Country	United States	i
Inventor's Signature    Post Office Address	Name of Joint Inventor, if	any:		1	A petit	tion has	been	filed for	r this ur	l nsigned inventor	<u> </u>	
Residence: City  Post Office Address  City  State  ZIP  Country  A petition has been filed for this unsigned inventor.  Given Name (first and middle [if any])  Family Name or Surname  Inventor's Signature  Post Office Address  Post Office Address  Post Office Address	Given Nan	ne (first and middle	e [if any])						Fa	mily Name or S	urname	
Residence: City  Post Office Address  City  State  ZIP  Country  A petition has been filed for this unsigned inventor.  Given Name (first and middle [if any])  Family Name or Surname  Inventor's Signature  Post Office Address  Post Office Address  Post Office Address	-		<u></u>									· · ·
Post Office Address  City State ZIP Country  Name of Joint Inventor, if any: A petition has been filed for this unsigned inventor.  Given Name (first and middle [if any]) Family Name or Surname  Inventor's Signature Date  Residence: City State Country Citizenship  Post Office Address  Post Office Address	:i: Inventor's Signature	Date										
Post Office Address  City State ZIP Country  Name of Joint Inventor, if any: A petition has been filed for this unsigned inventor.  Given Name (first and middle [if any]) Family Name or Surname  Inventor's Signature Date  Residence: City State Country Citizenship  Post Office Address  Post Office Address	Residence: City	State					Country				Citizenship	
City State ZIP Country  Name of Joint Inventor, if any:  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  Post Office Address  Country  Country  Country  Country  Country  Citizenship  Post Office Address	Post Office Address				•						J.	
Name of Joint Inventor, if any:  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  Post Office Address  A petition has been filed for this unsigned inventor.  Family Name or Surname  Date  Country  Citizenship	Post Office Address											
Given Name (first and middle [if any])   Family Name or Surname	City		State			ZIP Country				· · ·		
Inventor's Signature  Residence: City  Post Office Address  Date  Country  Citizenship  Post Office Address	Name of Joint Inventor, if	any:		1		A pe	tition l	has bee	n filed	I for this unsigned	l inventor.	
Residence: City  Post Office Address  Post Office Address	Given Name (first and middle [if any])  Family Name or Surname											
Residence: City  Post Office Address  Post Office Address												
Post Office Address  Post Office Address	Inventor's Signature Date											
Post Office Address	Residence: City	State Country Citizenship										
	Post Office Address	st Office Address								<u>.                                    </u>		
City State ZIP Country	Post Office Address								-	,		·
	City		State			ZIP Country						





## **DECLARATION**

## Registered Practitioner Information (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Harold R. Woodard	16,214		
C. David Emhardt	18,483		
Joseph A. Naughton, Jr.	19,814		
John V. Moriarty	26,207		
John C. McNett	25,533		
Thomas Q. Henry	28,309		
James M. Durlacher	28,840		
Charles R. Reeves	28,750		
Vincent O. Wagner	29,596		
Steve Zlatos	30,123		
Spiro Bereveskos	30,821		
Clifford W. Browning	32,201		
🖺 Randall Frisk	32,221		
Daniel J. Lueders	32,581		
Kenneth A. Gandy	33,386		
Timothy N. Thomas	35,714		
Kurt N. Jones	37,996		
John H. Allie	39,088		
聞oliday W. Banta	40,311		
Troy J. Cole	35,102		
■ Scott Paynter	39,797		
Charles J. Meyer	41,996		
Matthew R. Schantz	40,800		
Gregory B. Coy	40,967		
Lisa A. Hiday	40,036		
John V. Daniluck	40,581	·	
Christopher A. Brown	41,642		
C. John Brannon	44,557	-	
Arthur J. Usher IV	41,359		
Douglas A. Collier	43,556		0
Brad A. Schepers	45,431	-	
Scott J. Stevens	29,446		
James B. Myers	42,021	·	
John M. Bradshaw	46,573	×.	
Charles P. Schmal	45,082		
Edward E. Sowers	36,015		
Quentin G. Cantrell	47,469		7
John L. Roberts	50,453		,